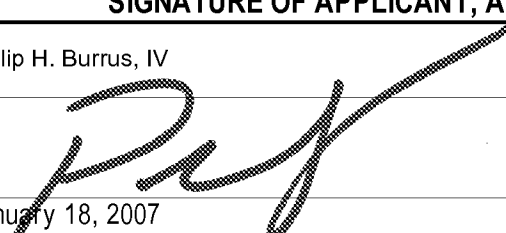


| | | | | |
|---|---|------------------------|----------------------|--|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/085,981 | |
| | | Filing Date | February 26, 2002 | |
| | | First Named Inventor | Samir Narendra Mehta | |
| | | Group Art Unit | Jones, Prenell P. | |
| | | Examiner Name | 2616 | |
| Total Number of Pages in this Submission | 6 | Attorney Docket Number | 320037.403 | |

| ENCLOSURES | | (check all that apply) |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group {Appeal Notice, Brief, Reply Brief} <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <input type="checkbox"/> Copy of Notice to File Missing Parts |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|------------------|--------|
| Firm or Individual | Philip H. Burrus, IV | Registration No. | 45,432 |
| Signature |  | | |
| Date | January 18, 2007 | | |

| CERTIFICATE OF TRANSMITTAL/MAILING | |
|--|----------------------|
| I hereby certify that this correspondence is being facsimile transmitted to facsimile number _____ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below: | |
| Typed or printed name | Philip H. Burrus, IV |
| Signature | Date |

| | | | |
|--|----------------------|--------------------------|----------------------|
| Effective on 12/08/2004 | | Complete if Known | |
| Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) | | Application Number | 10/085,981 |
| FEE TRANSMITTAL | | Filing Date | February 26, 2002 |
| For FY 2005 | | First Named Inventor | Samir Narendra Mehta |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Examiner Name | Jones, Prenell P. |
| | | Group Art Unit | 2616 |
| TOTAL AMOUNT OF PAYMENT | (\$ \$180.00) | Attorney Docket No. | 320037.403 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: **503608** Deposit Account Name: **Burrus Intel. Prop. Law Group**
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|----------|-----------------------|-----------------------|------------------|-----------------------|----------------|
| Application Type | Fee (\$) | Small Entity Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims: - 20 or HP = x Fee (\$) = Fee Paid (\$)

HP=highest number of total claims paid for, if greater than 20

Indep. Claims: - 3 or HP = x Fee (\$) = Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3

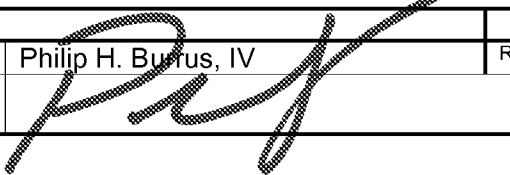
3. APPLICATION SIZE FEE:

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: - 100 = Extra Sheets /50 = Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
 Other: Submission of an Information Disclosure Statement Fee Paid (\$) \$180.00

| | | | |
|---------------------|---|--------------------------|------------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print/Type) | Philip H. Burrus, IV | Registration No. | 45,432 |
| Signature |  | Telephone | 404-797-8111 |
| | | Date | January 18, 2007 |